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**CONFIRMATION NO. 4115**

SERIAL NUMBER 10/720,398	FILING DATE 11/24/2003  RULE	CLASS 095	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. ATMI-608-CIP					
<b>APPLICANTS</b>  W. Karl Olander, Indian Shores, FL;  Jose I. Arno, Brookfield, CT;									
<b>** CONTINUING DATA *****</b> <span style="float:right">RHS</span> <div style="text-align: center;">NONE</div>									
<b>** FOREIGN APPLICATIONS *****</b> <span style="float:right">RHS</span> <div style="text-align: center;">NONE</div>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/20/2004</b>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; vertical-align: top;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">               Initials           </div> </div> </td> <td style="width:10%; text-align: center; vertical-align: middle;">           STATE OR             COUNTRY            FL         </td> <td style="width:10%; text-align: center; vertical-align: middle;">           SHEETS             DRAWING            2         </td> <td style="width:10%; text-align: center; vertical-align: middle;">           TOTAL             CLAIMS            35         </td> <td style="width:15%; text-align: center; vertical-align: middle;">           INDEPENDENT             CLAIMS            4         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">               Initials           </div> </div>	STATE OR  COUNTRY FL	SHEETS  DRAWING 2	TOTAL  CLAIMS 35	INDEPENDENT  CLAIMS 4
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<b>ADDRESS</b> 25559 ATMI, INC. 7 COMMERCE DRIVE DANBURY , CT 06810									
<b>TITLE</b> Method and apparatus for the recovery of volatile organic compounds and concentration thereof									
<b>FILING FEE</b>  <b>RECEIVED</b> 1256	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	
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